SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. IND. DEP. DEP. IND. TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL

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•MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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